



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258



DASG-PPM-NC

09 APR 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Interim Changes to TB MED 502 and TB MED 509, for Medical Examinations and the Use of Spirometry in Medical Respirator Clearance

1. References:

- a. 29 CFR 1910.134, Respiratory Protection Standard, 8 Jan 1998.
< http://www.osha-slc.gov/OshStd_data/1910_0134.html>
- b. AR 11-34, The Army Respiratory Protection Program, 15 Feb 1990.
< http://www.usapa.army.mil/pdffiles/r11_34.pdf>
- c. TB MED 502, Respiratory Protection Program, 15 Feb 1982.
< <http://chppm-www.apgea.army.mil/documents/TBMEDS/tbmed502.pdf>>
- d. TB MED 509, Spirometry in Occupational Health Surveillance, 24 Dec 1986.
< <http://chppm-www.apgea.army.mil/documents/TBMEDS/tbmed509.pdf>>

2. Purpose. To provide interim policy guidance on the requirement for screening spirometry, or pulmonary function tests (PFT) as part of the medical evaluation for medical respirator clearance. This revised guidance will be published as soon as possible in a revised DA PAM 40-502, Respiratory Protection Program.

3. Scope. This policy memorandum applies to all Army activities that are required to have a respiratory protection program as per reference 1a and 1b, and applies to military and civilian workers.

4. History. The revised respiratory protection standard, promulgated by the Occupational Safety and Health Administration (OSHA) on January 8, 1998 had major changes to include the use of a medical questionnaire rather than a medical examination for medical clearance in a respirator program. This memorandum reflects those changes to eliminate the baseline and periodic requirement for medical examinations and spirometry testing for respirator users except as outlined below. This policy changes TB MED 502, paragraph 2-10, and TB MED 509, paragraph 8-2.

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5. Policy. Army policy shall be to:

a. Use the OSHA medical questionnaire for screening individuals to be medically cleared to wear a respirator. (Reference 1a, available at the following web site <http://www.osha-slc.gov/OshStd_data/1910_0134_APP_C.html>).

b. Only require spirometry testing under the following circumstances.

(1) Individuals who document on their medical respirator screening questionnaire medical conditions (e.g. pulmonary) that require a medical examination, and based on the results of the medical examination, spirometry would be clinically indicated to medically clear an individual. Tobacco use (smoking) documented on the questionnaire is not, in and of itself, an indication for spirometry.

(2) Individuals who are enrolled in an OSHA regulated medical surveillance program that requires spirometry testing as part of the examination (e.g. asbestos).

(3) Individuals who will be wearing respirators for exposure control of hazards with pulmonary health effects (e.g. can cause restrictive or obstructive lung disease) that can be detected with spirometry (e.g. isocyanates).

6. These changes are effective immediately.

7. Our point of contact for this memorandum is COL Paul D. Smith, Occupational Medicine Staff Officer, Proponency Office for Preventive Medicine, DSN 761-0022 or commercial (703) 681-0022.

FOR THE SURGEON GENERAL:



PATRICK D. SCULLEY
Major General
Deputy Surgeon General

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CF:

- ✓ Deputy Assistant Secretary of the Army (ESOH), 600 Army Pentagon, Washington, DC 20310-0600
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